Director

INFORMATIONAL LETTER NO.1102

DATE: March 5, 2012

TO: All Iowa Medicaid Providers Billing Electronically

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Electronic Data Interchange Support Services (EDISS) and the 5010

HIPAA Recertification

EFFECTIVE: Upon Receipt

As we enter the last month of the Centers for Medicare and Medicaid Services (CMS) nonenforcement period for the 5010 HIPAA recertification, EDISS would like to address the troubleshooting issues and common questions received over the past four months. Effective on and after April 1, 2012, transactions submitted in a 4010 format will no longer be accepted.

Providers not ready by the deadline should prepare an action plan for compliance and submit the plan to the IME via an email to imeproviderservices@dhs.state.ia.us. The plan should include the projected compliance date, primary point of contact for follow up (name, title, phone number, and email address).

Total OnBoarding (TOB) Errors:

- Direct providers need to obtain a digital certificate for TOB from ABILITY at: vsitobsupport@abilitynetwork.com, in order to send the 5010 re-certification test files.
 - The test file needs to contain 10 clean claims in order to be 5010 recertified.
- If a vendor is used for claim submission it is the vendor's responsibility to test for 5010 on behalf of the provider. Providers are encouraged to maintain communication with the vendor if recertification for the 5010 has not been done.
- Providers who plan to receive the 5010 835 transaction (Electronic Remittance Advice), should log into the TOB and verify that the transaction is setup correctly and set to deliver to the appropriate location.
- Once transactions have been approved for 5010 Production, an email will be sent indicating approval. Please verify that the email address in the TOB profile is accurate.

Login/5010 Access Errors:

It is important to remember that the 5010 and 4010 are separate environments and require a unique login and password for each process. Once the 5010 transactions are moved into a live production status, EDISS will provide the 5010 login credentials via the 5010 Production fax.

- The new 5010 web portal address is: https://ime-ediss5010.noridian.com
- If accessing EDISS via the Bulletin Board System, the new production phone line is: 701-277-2355.

NOTE: 5010 claims will not process in the 4010 environment. This is occurring on a regular basis and is easily avoidable.

Formatting/Billing Errors:

- A variation of a Post Office Box should not be sent in the Billing Provider Loops (2010BB) or the Secondary Provider Loops. (i.e., P.O Box, PO BX).
- A billing provider address and a service facility address cannot be the same. In this
 circumstance the service facility loop does not need to be sent.
- If the Billing NPI and Rendering NPI values are the same, the Rendering NPI does not need to be sent.

5010 Report Translation:

- 999 and 277CA are the reports issued after the 5010 claim submission. There is no GENRPT/Claim Confirmation Report or 997/ACK in 5010.
 - Both the 999 and 277CA are returned in ANSI X12 formatting and require translation from the billing software vendor in order to simplify interpretation.
 - PC-ACE Pro32 can be used for this translation. If different billing software is used, we recommend that the software vendor be contacted to gain assistance in the translation process.

EDISS is aware that reject reasons of A3:21s are being returned on 277CA reports, and that the reject reasons are not descriptive enough to point to a specific reason why a claim has rejected. We are working to resolve this issue and will send an email notification once updated.

Top Nine A3:21 Rejections EDISS has Encountered are:

- The Address Information (N302) is only required when there is a second address line; otherwise, do not send.
- The Address field (2010AA) may not contain the following: "Post Office Box", "P.O. Box", "PO Box", "Lock Box", or "Lock Bin."
- The Last Menstrual Period Date (2300, DTP) is only required when related to the patient's pregnancy; otherwise, do not send.
- The Zip code XXXXX was not found in Code Table ZIP.
- The Admitting Diagnosis (Loop 2300, HI) is required on all inpatient claims.
- The Admission Date Time Qualifier (Loop 2300, DTP02) must be equal to D8, for Medicare claims when the Facility Type Code (Loop 2300, CLM05.01) equals 32, 33, or 34. [Severity: Error]
- The Attending Provider Name (Loop 2310A, NM1) loop is not used for transportation claims.

- The Claim Payment Amounts do not balance for XXXXX. The Sum of Loop 2430 SVD02 amounts, 78 sum of loop 2320 CAS adjustment amounts, 27 = Loop 2320 AMT Payer Paid amount, 78.
- The Claim Check or Remittance Date (Loop 2330B, DTP) is required when the payer identified in loop 2330B has previously adjudicated the claim and Loop 2430, Line Check or Remittance Date is not used.

Contacting EDISS:

EDISS would like to extend gratitude to all of the lowa Medicaid providers for the patience shown throughout the 5010 transition. EDISS is aware that contacting the Help Desk for assistance has been a burden and a frustrating process over the past several months. EDISS received 10-20 times the average amount of daily calls over the past three months which led to an increase of hold time and full phone queues. Staff has been added for the final month of non-enforcement to help with reduced hold times and to free up queue space for customers. EDISS can be reached at 800-967-7902, or by email at support@edissweb.com.

ICD-10

Please make sure you are preparing for ICD-10. CMS has great guidance to consider and review at: http://www.cms.gov/icd10/.

If you have any questions not specifically related to electronic transactions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.